

# 131Dr Shankara Chetty speaks Out interview by Conell Loggenberg facebook wake up channel mar2023.mp3

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## DATE

2023-03-15

## DURATION

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## SUMMARY

Dr. Shankara Chetty is a natural science biologist and general practitioner who has been on the front lines treating Covid-19 patients for the past three years. He has contributed to the understanding of the pathophysiology of Covid-19, treatments, and vaccines as well as their adverse effects. He was recently surprised to be charged with misconduct by the Health Professions Council of South Africa, though the accusations appear to be nonsensical. He is eager to make his court date to hear the accusations. The speaker was shocked to find that he was charged a fee for seeing his doctor in South Africa. After the charges were made, there was a strong public backlash, and none of the emails sent to the Health Persons Council of South Africa or the Ombudsman were answered. The speaker gave the Council the benefit of the doubt that their website was genuinely under construction and thus sent an email asking whether there was any truth in the allegations that the doctor was being charged with misconduct. The attorney the speaker contacted noted that the charge sheet stated that he had been found guilty, which could be seen as defamation. In this conversation, a doctor is discussing the implications of being accused of a crime before having an opportunity to defend themselves. The doctor is also discussing the implications of being accused of something due to one controversial video and the defamation of their character. The doctor is also discussing that they have the right to air their suspicions to the public as they are educated and informed on the subject. The doctor then goes on to discuss the protocols and the agenda of the Cornell institution and how they pushed to use remdesivir. The doctor then explains that they are the one who is in charge of what they give their patients and that the patient has the right to decline any treatment suggested. The doctor then concludes by discussing how they have been aware of the overregulation and suppression of innovation since they became a doctor and how they will continue to follow their own sense of nature and logic instead of the rules. Dr. John Edwards has been a controversial figure in medicine since his start. People who thrive on education and intellect have stood by him, while those who thrive on egos and standing have been against him. He works in Port Edward, and because it is far from mainstream medical services, he has had the latitude to practice medicine the way he sees fit for the past 20 years. He has treated over 14,000 patients with good outcomes. Dr. Rapiti had also treated over 3,000 patients, and had documented the success of the regime followed. Lastly, Dr. Edwards had a method or approach to the coronavirus disease and its symptoms and presentation.

## TIMESTAMPS

0:00:00 Conversation between Canal and Dr. Shankara Chetty on COVID-19 Treatment and Vaccines

0:02:47 Heading: Investigation into Health Professionals Council of South Africa (HPCSA) Charges Against Dr. Jangarachetti

0:04:43 "The Impact of Defamation on a Doctor's Professional Practice"

0:09:56 Dr. Rapiti's Successful Treatment of Over 14,000 Patients: A Conversation with Dr. John Smith

0:12:05 Heading: Understanding the Clinical Picture of COVID-19: Dr. Shilly's Journey

0:16:12 Conversation with Dr. Mabuza: Treating COVID-19 Patients in South Africa

0:18:12 Conversation Summary: Treatment of Omicron Infections without Vaccination

0:19:49 Analysis of Immune Response in COVID-19 Patients: A Case Study

0:22:05 Conversation on Treating Biphasic Illness with Steroids and Antihistamines

0:25:59 Case Study: Treating Breathlessness with Ivomectin in Response to Viral Debris Allergy

0:28:07 "The Benefits of Ivamectin in Treating Pulmonary Eosinophilia: A Case Study"

0:29:29 "Dr. Rajiv's Discovery of a Biphasic Illness Treatment for COVID-19"

0:34:50 Analysis of Mortality and Morbidity of COVID-19 Illness: Exploring the Role of Allergic Reactions to Proteins in the Virus

0:40:00 "Exploring the Controversy Surrounding the COVID-19 Vaccine Rush"

0:44:38 Heading: Investigating the Motive Behind the Bicrotin Vaccine Rollout

0:46:40 Heading: Dr. Tshepo Motsepe's Innovative Treatment of COVID-19 in a Family of Five

0:48:02 Heading: Interview with Dr. Riaz Moola: Exploring the Biphasic Nature of COVID-19

0:52:48 Exploring the Pathogenesis of COVID-19: A Conversation with Dr. Philip McMillan

0:53:55 Dr. Philip's Award for Medical Excellence in COVID Treatment and Cancer Prevention

0:55:44 Heading: Conversation with Department of Defense and CIA on Spike Protein Pathogen and Vaccine Toxicity

0:59:41 "Analysis of the US Government's Response to the COVID-19 Pandemic"

1:04:45 Analysis of the Risks and Benefits of Mandating Medical Treatment

1:06:30 Heading: Examining the Impact of Vaccine-Related Fear and Religious Fundamentalism

1:08:35 Analysis of the Third World War and the Impact of the COVID-19 Pandemic on Society

1:16:20 Conversation on Global Control Objectives and Vaccine Passports

1:21:10 Conversation between Dr. Shankar and Cornell on Professional Rights and Responsibilities

1:23:40 Analysis of US Military Involvement in Global Takeover Under COVID-19 Health Intervention

1:25:41 Conversation on Military Involvement in the Health Sector and International Health Regulations

1:30:02 "Exploring the Need to Unlearn Irrational Fear of Authority and Rebuild Society with Love and Compassion"

1:31:42 Discussion on the Dangers of Unaccountable Regulatory Authorities

1:34:19 Heading: Global Takeover and the Fight for Sovereignty

1:37:23 Heading: Analysis of the Impact of the Video on the Global Response to the COVID-19 Pandemic

1:40:32 Heading: The Need for Awakening in the Face of Conflict and Crisis

1:42:56 "The Need for Acceptance and Understanding of Human Uniqueness"

1:44:49 Heading: The Power of Looking Inwardly and the Miracle of Life

1:47:08 Conversation on Acknowledging God's Presence and Living Unapologetically

1:52:40 Conversation between Dr. Jankara Shitty and Connell on the Topic of Normalcy in Medical Science

1:55:13 Heading: South Africa's Imminent Reset and Putin's Role in Protecting Citizens

1:57:34 Conversation with Shankara: Exploring the Journey of a Hindu Deity and the Power of Love

2:02:42 "The Power of Freedom: A Conversation on Protecting Our Rights and Building a Better Future"

2:04:45 Conversation with Dr. Shetty: A Message of Love and Compassion for the World

2:07:34 Conversation with Dr. Shankara Chetty on Stopping the Pandemic

START OF TRANSCRIPT

[0:00:00] A

Naturally. Good afternoon, everybody, and good evening to those of you in South Africa. It's evening time. I have here with me Dr. Chankara Chetty. Well, he practices as doctor, you'll see. His name is Shankara Chetty. We like to be on first name basis. I'm going to get Shankara Chetty to introduce himself to you. Those of you never met him, never seen his face anywhere or heard of him. So you hear what it is that he do, what he does and why he is here with me today. I'm going to have no questions for him. Shankara, introduce yourself.

[0:00:35] B

Hi Canal. Thank you for having me and to the audience. My name is Dr. Shankara Chetty. I'm a natural science biologist and a general practitioner, medical practitioner. I've been practicing as a frontline doctor, seeing COVID patients physically myself for the past three years. And with my science background, I've contributed to the understanding of the pathophysiology around COVID and understanding treatment options.

[0:01:00] B

That has moved on to understanding the vaccines and the adverse events we see and hopefully will give us some input as to how to negate those problems. So that's the entirety of what I'm trying to achieve.

[0:01:15] A

Oh, brilliant. Is he trying to achieve? I think you've already achieved quite a lot, especially with many of the people who hadn't known anything, only that many of us hadn't even heard of you. Many people. Obviously the information has been suppressed and being censored, et cetera, et cetera. But it's such a huge honor to have you here. As of late, as you said, much of the information you've been trying to get out into the public domain.

[0:01:44] A

I have seen a video sent to me by one of Facebook followers of you being interviewed on eNCA on account of you allegedly being hauled before the Health Professions Council of South Africa, your regulator, as a medical practitioner for misconduct.

[0:02:05] B

Yeah, well, Connell, I'm waiting to see what those charges actually are and I'm quite surprised myself. So I'm very eager to make my court date and hear what's the accusations? Because they absolutely nonsensical.

[0:02:20] A

Yes, I'd imagine so, because I tried to go onto their website and I know Shubnam has gone and try and look on their website as well. And I think there's an area where you could send an email to the Health Professions Council of South Africa if you had any concerns or any complaints you wanted. But that feature had been disabled. And I also saw their website was sort of under maintenance or something.

[0:02:47] B

Now, I don't think they expected the pushback that they got after charging me. It was available on the Thursday and the Friday when the charges came out. Everyone around the world heard about it and by Monday they were blocking emails to the HPCSA and the Ombudsman.

[0:03:06] A

Oh, yeah. That's the kind of thing that you would get when people tend to think that someone is alone or they try to isolate you and then find out, okay, this one is not isolatable, and he's not on his own, but we don't know. It might be the case that the website is generally genuinely down, but there are people who are pretty well skilled.

[0:03:32] B

In fixing websites, unlike they do with me. I'll give them the benefit of the doubt.

[0:03:40] A

Exactly. So I'll give them the benefit of doubt, too, that their website is genuinely under construction. And I'll just send them an email well, I will send them, no doubt, an email asking whether there's any truth in Dr. Jangarachetti being hauled for misconduct, and if so, what the charges are, because that obviously has to be in the public domain. Because I wouldn't say because if I won't go and see that doctor, I need to know whether he's suspended or not. And what are you charging him with exactly?

[0:04:14] B

It is almost defamation. You see, the charge itself, Cornell, states that I've been found guilty. If you read the charge sheet, it says that you were found guilty of. Now, I contacted an attorney, and he said, that's the way the health professions counsel works. They find you guilty, and you got to prove your innocence. So I said, but that's defamation of my character. Prior to me having an opportunity to defend myself, a few of the news outlets took that and ran as well. So I've had patients come in concerned that I've been found guilty.

[0:04:43] B

And when they realized, no, my case is coming up in May, then they realized, okay, it's just an accusation. I think it's a way to cover themselves from defamation.

[0:04:56] A

That's a reverse order of your right under your constitutional rights under section 35 35. Yeah, 34. 35.

[0:05:09] B

The accusations that were leveled against me stem from just one single video that was recorded, and it clearly in that video. It was a controversial video, no doubt. But I clearly stated before that it is my opinion. I clearly stated that I'm giving you my opinion. And then I went ahead and gave them my opinion. Now, all along, patients were allowed to go and get a second opinion. I don't understand why that's not the thing. Now. And then I mentioned as well, these are suspicions.

[0:05:42] B

And so I have the right to air my suspicions to the general public because I come from a place of being informed and educated in the subject, so my opinion would be trusted. Now, I made this example. If you fell and bumped your head and I had to suspect that you might have sustained a concussion, that's not an illegal assumption to make. I like that, and that's what I look at. I mean, I'm making an assumption based on what I've seen, and it's my opinion. I'm allowed to that opinion. But of course, I think we know there's a bigger agenda, and they'll do everything to protect that agenda.

[0:06:19] A

And having that opinion is perfectly within the remit of your code of conduct and your allowance to practice as such. After all, you have to make those decisions as an independent professional, because you're accountable for that. And that's why, if you're not happy with my opinion, go for it.

[0:06:42] B

Get a second opinion. And as well, Cornell, they've been pushing protocols, right? You got to use remdesivir. You got to do this, you got to do that. But these experts here in South Africa, dr. Kareem Fauci, Anthony Fauci, if he feels a patient should take remdesivir, then he should put his money where his mouth is and write it on a script for that patient, on his letterhead. Nobody tells me what to put down on my letterhead.

[0:07:07] B

I'm in charge of what I give my patient. So if he feels his medication is better, go write it on your letterhead. So when the patient needs to sue you, there's the document that proves you said it. You don't tell me what to write on my letterhead, on my prescription pad. I write what I think is possible, not what you think is possible. Then I'm going to have patients telling me what they aren't suggested and what the gardener suggested, and I'll have to write that.

[0:07:31] A

And, of course, the patient ordinarily has their right to decline anything, because.

[0:07:41] C

The.

[0:07:42] A

National Health Act in South Africa even makes provision for that. That's already built into your code of conduct as a doctor in any case, that you should inform the patient of their right to decline. If they decline, they don't have to take it. But this new narrative that has come to the fore seems to be undermining, in my observation, undermining you as a doctor, that you now have questions being asked one, over your opinion, two, over your professional choice of prescribing treatment, and that it is not against the law.

[0:08:30] A

How does this not just make you feel, but also your professional view on this approach that you now even get from your regulator?

[0:08:45] B

I think I've been aware of this, Cornell, from the time I became a doctor, that it's over regulated. The system of hierarchy is incorrect. Innovation and new thought is suppressed. You've got a cabal of regulators determining the latitude of doctors actions. You've got a cabal of journals regulating what they take as scientific truth. So I've been a controversial doctor from the day I qualified. And I understood that if you had a different perspective, you would be ostracized.

[0:09:25] B

That happened to me from the day I started practicing medicine. You see, I have a diverse natural science background, and that gives me a very different perspective of medicine. Everything must make sense. So I don't follow rules. I follow nature. And if it makes sense, then I will institute those actions. And so I was very controversial from the start. But what I found in medicine, the people that actually thrive on education and intellect stood by me.

[0:09:56] B

But those that thrive on egos and standing were always against me. So you get those people who will do everything to improve themselves, to stand up above the crowd, and you get other people that cut down the crowd to make sure that they the last man standing. So I guess I know where to lay my hat in that I'm lucky in that I work and live in Port Edward, which was purely by fate that I arrived in this town 20 years ago.

[0:10:26] B

I'm very far away from mainstream medical services, so I have two other doctors in the town. We're a quaint little village surrounded by many rural areas. So I have a big, diverse population, but I don't have mainstream medicine watching what I'm doing. So I've had the latitude to practice medicine the way I see fit for the past 20 years. And I think that was a blessing.

[0:10:54] A

And it speaks volumes. I think you mentioned I can't remember the figure you mentioned, but how many patients you had treated.

[0:11:03] B

I stopped at 14,000.

[0:11:05] A

Over 14,000? That's right. If that doesn't speak for itself, that's.

[0:11:12] B

The reason I stopped counting. At some point. It stopped being anecdotal.

[0:11:18] A

It's rather baffling how you treated over 14,000 patients with really good outcomes. And I know, for instance, of Dr. Rapiti, who had also, in a short space of time, treated over 3000 patients. And these are not just patients who come and give anecdotal feedback, but he had actually record of the success of the regime that he had followed. Now, I understand that you had also the method or approach to the coronavirus disease and its symptoms and its presentation that you had.

[0:12:05] A

Shilly shared that with physicians worldwide. Do you want to talk about that and how that had been received by the other medical?

[0:12:15] B

I think understanding canal, understanding the journey, what I saw in the illness itself will lend understanding to why I did what I did subsequently. Look, when COVID came, I decided I was watching the world and all the information that was coming from around the world before we had the first case. Now, initially I knew, well, we're dealing with what people say is a viral infection in one that's spreading.

[0:12:38] B

It went to Italy. I knew I couldn't get decent information out of China, so I waited for it and it spread to Italy. And then I started watching it there. I noticed in Italy doctors were talking about hydroxychloroquine and of course, hydroxychloros. Hydroxychloroquine is a well known antiviral. It's used by militaries around the world. It is a broad spectrum general antiviral. So if you want to throw something at a virus and you're not sure hydroxychloroquine would be your choice.

[0:13:03] B

So I understood. And I use hydroxychloroquine extensively in my practice to treat rheumatoid arthritis patients. So I'm well aware of its safety, its efficacy, all that kind of thing. So I saw this being used in Italy, but I saw the controversy brewing and the controversy didn't make sense because I use this medication, it's safe, it's effective. Why would you now bring in concerns about its safety?

[0:13:25] B

And then when this was in Italy, I started looking at the clinical picture people were presenting with. Now, if you remember, at the time, they were saying people were breathless and dropping dead on the street and things like that. Then there was one of the doctors in Italy who did a video and said, I don't think ventilation is the right thing to be doing for these patients. So I realized there's some controversy around in the medical fraternity about understanding the illness itself.

[0:13:51] B

And then the genome of the virus became known. They published the first sequence of the virus. And so I went in and looked at that, and I got a background in genetics as well. So I looked at the sequence of the virus, and I thought, well, I want an article that would compare it to its ancestry, because when you compare something to its ancestry, it's almost identical. So I wanted to see where the change in this virus occurred. How did a bat coronavirus start to infect human beings?

[0:14:19] B

And when I looked at the genome, clearly it had been spliced and a sequence inserted into it. Now, that doesn't occur in nature, right? As soon as I saw a genetic sequence inserted into the virus, I knew, I'm dealing with a lab made virus. There was absolutely no question about it. Whether it was intentional, what the intention was, I didn't know. But there was one thing I knew. This came from a lab. It was not a natural virus. Nature doesn't insert sequences if it makes a mistake. It's always a single base pair point mutation, never a sentence into the book that changes the meaning of the book.

[0:15:02] B

So when I saw that, I knew, okay, I'm going to have to figure out what's going on with the illness. Now, with any illness, especially viral illnesses, you've got to examine the patient and look at how this evolves. You can't examine the patient 14 days after the start of symptoms and expect to get some understanding of why the patient's dying. So at that point, I realized the paucity of information around initial clinical presentation, the way the illness caused, the way the virus caused the disease, the way the body reacted to that disease, what led to the severity?

[0:15:41] B

Why were people dying from it? Those were the important questions to be asked. And so I knew that my science background and my understanding of medicine held me in good stead to figure that out. If I examined patients from day one and figured out how they got to that critical point of requiring ventilation. So I fell back on my faith and my understanding of science, and I mentioned to my community that I will be available to them.

[0:16:12] B

They mustn't stress. And so when the first case arrived in South Africa, I think I was the only guy excited to see COVID in my country. And so I pitched a tent in my parking lot outside my practice so that I could use ventilation and sunlight. I structured it such so that I could triage patients. I've got a very old community as well that rely on me, and so I couldn't delineate and just make myself available for coronavirus. My entire practice had to keep running.

[0:16:42] B

So I stuck a tent outside where I could examine and treat patients. I put in two seating areas outside. One for positive COVID patients, one for COVID suspects so that they don't mix, and everyone else that didn't have symptoms could come into my practice. And so I separated everyone on that basis. And so I was running between these two places, treated the non COVID patients inside my practice and all those suspects, and covert outside the practice in the tent.

[0:17:11] B

I touched everyone, I examined everyone. I want to know what was going on. I wasn't going to do telematics.

[0:17:17] A

I was just about to ask, given the number of people that you had to deal with, if you don't mind just interjecting on that point. You've seen so many people and you set them apart and you saw the people who prevented with coronavirus disease, all those symptoms, you saw them inside your surgery, right?

[0:17:33] B

No, inside the tent.

[0:17:35] A

Inside the tent. So you had to be there. Have you developed any of those symptoms? Did you become sick at all?

[0:17:42] B

Well, in the first, second and third wave I had none of my staff or myself got sick. When omicron came around, I picked it up, I picked it up, I treated myself, I got over it. And I must have had, I think, three or four omicron infections. Now, over the past two years that have passed, so have my staff. We've treated it quickly, timelessly. None of us have had side effects. We all got over it. It has become endemic, and if you know how to treat it, you can negate any problems with repeat infections.

[0:18:12] A

Did you mind, Shankar? I just wanted to check that. So you said you treated yourself and you treated some stuff as well. Did that treatment involve one of these injections that they refer to as vaccines?

[0:18:26] B

None of us are vaccinated. None of you had that vaccinated? None of I'm not vaccinated and a majority of my patients are not vaccinated. I've discouraged it before the vaccine was even developed. Now I'll explain why I say that. Look what I found, the basis of what I found. Look, I knew that I'm going to have to examine every patient and understand what this illness is about, right? So when every patient came in, everyone came in with the sore throat, body aches and pains, a bit of fever, but they had no chest symptoms whatsoever.

[0:19:01] B

It was just a viral flu. Looked like it was upper respiratory in the throat. So I put them on medication, symptomatic treatment, just to get over it. Every single patient by about the third or fourth a day, showed clear signs of recovery. The fever went away. They started eating again. I had patients where they got better within a day. Came that morning with the sore throat. By evening, they were feeling better already.

[0:19:28] B

Now, you know that all of us, when we get that feeling like we're coming down with something, some of us, it just blows up into our bronchitis. Some of us, you got a sore throat for a day, and the next day you're back to work, you find one. So the differences in our immune response play a part in that. So I saw every patient recover in that early phase, but some slower than others, some very quickly.

[0:19:49] B

And then what happened was, I told every patient, I said, Look, I'm more interested in you getting breathless. That's what's killing people. So the day you get breathless, you come back to me and I want to see it and I want to understand why you're breathless, what happened there? And I noticed every patient getting better. And I thought, well, let's wait and see how this pans out. And then I got the first patient come in breathless.

[0:20:11] B

Now, when I got that first patient come in breathless, it was very unusual in that. This patient now, let's just work the timeline. You see, with viruses, they have a timeline. When you get chickenpox, it starts off with a headache and a fever. You got no rash. After a few days of a headache and a fever, you start to develop the rash. The rash then blisters and crusts, and then a new crop comes out. And it keeps doing that for a few cycles until about 14 days later, where you start to recover.

[0:20:42] B

So viral illnesses change as the disease progresses. So, unlike a bacterial infection, when you walk into a doctor and you got a bacterial infection, he doesn't have to know how many days it's there, he just got to throw an antibiotic at it and it will die. Whereas a viral infection evolves. And so treating a patient with chickenpox on the first day is very different from treating a patient with chickenpox on the last day.

[0:21:07] B

So you got to understand how this virus evolves. So I knew I'm going to have to watch how the disease progresses in every patient. So when that first patient came in breathless, he came in exactly to the day a week later. So I kept a track, right? So I had seen him on a particular day last week. He mentioned that he had improved and thought he had recovered. The day before, he came to me breathless.

[0:21:37] B

He was completely well, no signs of illness at all. He thought he was done. That morning, he got up and he was feeling tired. By lunchtime, he started noticing he's getting breathless. And he came to me by that afternoon he needed oxygen, right? So I realized I'm dealing with something very unusual. A pneumonia doesn't get better, neither does a pneumonia. Start in the morning, and by the evening you need hospitalization.

[0:22:05] B

So clearly I was not dealing with the pneumonia, right by about and I knew that steroids would help me. So when this guy came in on that 8th day, I put him on a steroid and I monitored him and I phoned him every day. And after about three days he was reasonably well on the path to recovery. So I thought, okay, steroids are working. Then what happened was the next patient came in breathless and I did the same.

[0:22:32] B

And it was exactly his eight day as well. So I thought, strange, exactly a week later you're getting breathless.

[0:22:42] A

Do you mind me asking what types of steroids?



[0:22:45] B

I use the ordinary prednisone. I deal with the rural community. It's cheap, it's effective, it's something that I use often, and so I use the prednisone. When the second patient came in, I looked at it again and he had very much the same thing. He got ill, he thought he got better. And suddenly on that 8th day of his illness, he just wasn't he suddenly got new symptoms. And there by the evening he was breathless.

[0:23:08] B

So I looked at this and I thought, you know, I'm dealing with the biphasic illness here, but it's not affecting everyone. About ten to 15% of patients seem to be having the second part. The others recovered and stayed recovered. It was the small percentage that recovered and suddenly had a second part to things. Now, with the speed at which that second part came on and the decompensation happened, there are only two things that would kill you in such a short space of time.

[0:23:37] B

One is a severe reaction, allergic reaction to something you're allergic to. So if you had a peanut and you're allergic to peanuts, and I don't treat you within a day or two, you die. Or it can be an envenomation, both allergy or envenomation gone untreated. And both require quick, aggressive intervention. So when I looked at it, I thought, well, I've made virus, maybe a venom, but I can't tell the world that. So let's call it an allergic reaction and move on.

[0:24:07] B

So by about the fourth patient that presented with this kind of symptom, now we know how to treat allergic reactions. It's a simple thing. You put the patient on a steroid to reverse the reaction, and then you use antihistamines and Montelukast and aspirin. So you're mopping up all these mediators that got spurred. So when a patient has a reaction, an allergic reaction, there's a sudden mast, cell degranulation, and that degranulation. Those chemicals that come out start to cause all the problems.

[0:24:36] B

So if you want to stop the problem, you use the steroid to turn off that tap. And then you use all these other medications to mop the flow. And stop the itching and all that kind of thing. Now, this is well known in medical science. This is not rocket science. So by about the fourth patient, I looked at it and I thought, you know, I'm dealing with an allergic second phase here. And so I thought, well, to prove it, I know that a steroid takes three days odd to start to see a significant improvement in the patient.

[0:25:03] B

So I wanted to do a therapeutic trial of an antihistamine with that because that's what makes the difference in analogy. So I had a patient come in with about a 70% saturation on day eight of her illness. Remember, the longer you wait to catch the illness, the more mediators you're going to be dealing with. This is something that will spiral out of control day by day. The situation will change. So she came in on the 8th day. She was breathless, 80% SATS, obese, diabetic.

[0:25:32] B

And so I gave her the steroid. I knew it's going to take her two or three days to show some benefit, but I gave her the steroid and I gave her a kidney's dose of a drug called Promethazine Fennegan, a ten milligram fennegan. I gave her three tablets. I said, you take one now, you take one at lunchtime and take one this evening, and I want to see whether that improves your time to recovery. And so I phoned her the next day to see how she's doing. Well, when she came in, someone had to bring her in. She was so breathless.

[0:25:59] B

When I phoned her the next day, she was bouncing around, washing the dishes and she was shocked. My staff were shocked. How the hell did she recover? So I explained to her, I said, you know, you only had a day of antihistamine. If you don't continue, it's going to rebound. So I left her to rebound. I warned her. The following day the breathlessness came back and she contacted me and she said, I'm breathless again. I said come in. And I gave her the full course of the antihistamine and promptly, as soon as I started it the next day, she was fine and she recovered completely.

[0:26:29] B

So I realized that the second part of COVID is an allergic reaction to some kind of viral debris. But the virus itself was not the issue because everyone showed a strong natural immune response and recovered from the virus easily. But when the virus died and they were exposed to the debris, it triggered this response and I needed to know who was the allergic. Bottom line, it's analogy. Now, how Ivamectin came into this picture.

[0:27:02] B

Ivamectin actually started first in my tent. You see, with Ivamectin, we used to treat phylaria with antiparasitics. But the problem with treating phylaria, it's a lung parasite. And when the old antiparasitics killed the parasite, the dead parasite triggered an allergic response in people's lungs and they died of the allergic reaction, not the parasite. So I looked at it and I thought, well, I got a dead bloody virus doing the same thing in people's lungs. Now, when Ivomectin came out, Ivamectin became the gold standard to treat phylaria simply because of its immunomodulatory benefit.

[0:27:45] B

That means it could kill the parasite and it could prevent the allergic reaction. And so it became the standard of treating phylaria. So when I looked at Ivamectin, I thought, well, there's a drug that could work because it's got the immunomodulatory benefit. And so I went to the vet across the road. We had a long discussion. Look, I had other medication, I knew how to treat this. I was just looking at other ways.

[0:28:07] B

What else is there? And if I get speed to recovery, it teaches me about what the underlying problem is. So I got ten Ivamectin tablets from him and I saved ten lives with it. And I realized, well, I'm on the right track. This is pulmonary eosinophilia and Ivamectin is clearing it. And so from the start, I knew I'm dealing with an allergic process. And that's the reason I was different in that I looked at the pathophysiology around it. I didn't just take a drug, throw it at it and say, hey, it worked, we got to do that. I understood why every drug was working.

[0:28:38] B

And so through the first wave, I went through about 500 odd patients. Of them, I had many that were critically ill. Again, no hospitalizations, no deaths. I didn't even need oxygen because by the next day you were breathing fine. I didn't need the oxygen. I actually have patients where within 4 hours the breathlessness was gone, yet they were critically breathless. Now, remember when you stung with the bee and I start to treat you?

[0:29:02] B

I got to make sure you're already feeling better before you leave. So it's a reaction that's going in that direction. I got to make sure I turned it around and made it go in that direction before I take my eyes off you. And that's what I did with my patients, treated them, called them the next day to see whether the treatment was aggressive enough, if it was continue. And I plotted when I'd expect a complete clinical recovery, which was usually two or three days.

[0:29:29] B

Those that showed a worsening I became even more aggressive with them till I managed to turn it around. You must show me that by tomorrow you're feeling better then I know I'm aggressive enough. So the dosage of steroid, all that became absolutely important in understanding this. Then what happened? Cornell my staff live in the rural areas and they were seeing people dying like lives. And they came to me and they said, look, you're having these miraculous recoveries, it's crazy.

[0:29:55] B

You need to write an article. You need to tell the world about what you've discovered. And I had a laugh that very day with my secretary, and I said, you do know that you're asking. Me to take on the World Health Organization and the regulatory powers that be. And you do understand this is going to be a global fight if I do what I need to do. Because I knew that if I write this article, I will do it from a very academic standpoint.

[0:30:18] B

I don't see the need to prove my success to these bogus custodians of knowledge. I wasn't going to go

down that road and have them assess my work. They're not my peers. And so I wrote the article, put the science into it, explained exactly what I was seeing and what the implications of that were for the future. I sent it to every journal I could think of around the world. I sent it to the health minister, to all the government officials.

[0:30:51] B

So I tried to cover as many people as I could. At the end of the day, this is information that could have negated the pandemic completely. I then, as well, on that very day, sent it to my principal in India, the principal of my college, where I studied medicine in India. And a message was put out on the Chat group of students from my final year. One doctor there's 94 doctors on that group. All were far more educated than I am. I'm the only one that became a GP. And left that aside, a doctor had passed away and they were looking for new information.

[0:31:28] B

My principal wrote back to me within 2 hours of receiving my mail to say that it's the most meticulous piece of science he's ever seen in his life and he'd be sharing it with our hospital. I spoke to the group and said, look, the principal seems to be interested in my work. And they insisted I share it with him. This was the unpublished initial document, and we had a robust debate for three weeks about COVID And India knew how to treat it. From that point on, if you're dealing with a biphasic illness and this is an immune response, they asked me about Ivamectin.

[0:31:58] B

I was, at the time using doxycycline as well. Doxycycline stops protein synthesis as much as it's an antibiotic. It stops protein synthesis. And so I thought, if I give patients doxycycline as the antibiotic of choice, I could slow down the viral replication and transmission because it couldn't make protein that fast. And I saw that happen. It's still being used at this point with all my patients because it worked.

[0:32:24] B

I gave it to two police stations and two schools where a majority of them are my patients because they had to work through the pandemic. So I gave them a prophylactic script just to take doxycycline every day with zinc and vitamin C. Not a single patient on that regime has picked up COVID through the entire pandemic. But, of course, that's anecdotal according to science. But my patients are alive and I'm happy.

[0:32:51] B

That's all I'm about. So, yeah, when we got to that understanding. Well, all the journals wrote to me back wrote back to me to say, too controversial, or, you're not a subscriber to our journal and we only publish articles from subscribers. And I thought, but you're the custodians of knowledge and I need to spread this around the world. So I ignored it. I said, well, you don't want it.

[0:33:15] A

You want to mention one of one of those journals.

[0:33:18] B

It was all nature. The British Medical Journal, the Lancet. Every journal I could think of. I think there must have been about seven as well. They all just ignored it. Then what happened? Canal. I got a call from modern medicine here in South Africa. That's an academic journal from South Africa. And the editor wanted to speak to me and he said, Look, I saw your article. I want to publish it. So I spoke to him and I said, Look, I want it published unabridged, unedited, because every word in that article has implication for the future of this pandemic.

[0:33:51] B

And he agreed. He said, Look, I don't want to change it at all. I think it's a brilliant piece of science. And so he published it. And that was in August 2020, before the Vaccines and Mud. In August 2020, when he published it, it went out to 25,000 doctors around South Africa. I expected that I'll get a lot of questions and we could move this on. I got silence, absolute silence. Not a single doctor to be kidding me.

[0:34:19] A

Nobody challenged you on the not a single person.

[0:34:25] B

Then what happened? Can we get to the second wave of the pandemic. Now, all this was done during the first wave. My initial observations and what I thought was the issue now in that, just to put some perspective of the importance of what I was telling them, I mentioned to them, I said, look, in the first wave, we're seeing people over 55 being affected. Remember in the first wave, we drew a line at 55.

[0:34:50] B

Everyone above 55 seemed to be at risk. All those below 55, not at risk. Now, it's impossible to draw a line that way, right? And remember, we had 55 year olds who ran the comrades, who were fit and healthy with absolutely no comorbidities, and they died. And we had 90 year olds with two stents, diabetes, hypertension, everything you could think of, and he survived it. Now, viruses don't work in that way. They tend to kill the weakest.

[0:35:21] B

But a bee doesn't care whether you fat or thin or diabetic or hypertensive. It will only kill you if you're allergic to it. And that's what the understanding is. The 55 year old person, irrespective of his health, was allergic to the beastie, and the 90 year old, even though he was so unfit, wasn't allergic to it. So the mortality and morbidity of COVID illness was caused by an allergic reaction to a protein.

[0:35:52] B

So it was not an infection by a virus that killed you. It was your over response to a protein in the virus itself.

[0:36:03] A

The point I would like for you to actually touch on shankar I'm aware that you wrote an article. It I hadn't read it myself. What I am surprised about is that you had no challenge to it. You probably have this one, but I'm happy to send this to you. The Journal of Clinical and Experimental Immunology. Their peer reviewed article on the COVID-19 vaccines, the Australian Review. I'll send that to you. But what you have said, I found in this peer reviewed article pretty much what you've said. And if you don't allow me, don't mind me, just let me read one bit here where tell me the date.

[0:36:57] A

The date of this one. I think it's 2021. I'll just double check it for you. Just bear with me. The abstract and it's okay. Published 21 September 2022. But you will submit it 10 September 2022 and accept it on a 12 September.

[0:37:15] B

I think two years too late.

[0:37:17] A

Two years too late. Everything you just said it to.

[0:37:25] B

Consider this okay. I brought understanding to why people over 55. So what I said was, it looks like people over 55 were sensitized. Now, to put that into perspective, say you're allergic to a bee sting. The first time you get stung with the bee, nothing will happen because you don't have the inappropriate antibodies. But that first bee sting, because you are allergic, it will sensitize you. A person that's not allergic will not become sensitized.

[0:37:51] B

It will sensitize you. And when you get the second sting, you will react, right? So when I saw people over 55 reacting in the first wave, I said these people were likely to have been exposed to something 55 years and longer ago that sensitized them, and this is their second exposure, and that's the reason they reacting. All the people below 55 that were born in the last 55 years were not exposed to it. It's something that stopped 55 years ago, and in the last 55 years, they were not exposed to it. So they were not

sensitized, and so they did not react.

[0:38:32] B

But in the first wave, with the first exposure to the virus, they would be sensitized, and in the second wave, younger people would start to die. And that happened around the world. Irrespective of the variance. Young people started to die. They were sensitized in the first wave, started to react in the second. Now, I mentioned that in the article, and I said, the way to identify who is going to die is to look for the specific.

[0:39:04] B

Ige subtype and see who's got it. Then you know who's allergic to this bee, and you know who to isolate. The rest can be free to go. I tried with the lab to develop such testing, but at that point, the vaccines were more important. Everyone was doing research into vaccines and didn't want to be controversial. My article. Actually, Connell, the only thing that was controversial in my article I ended it by saying that if spike protein, which is the allergen that caused the problem, if COVID illness if all the mortality and mobility of COVID illness can be negated by early aggressive treatment, then a spike based vaccine rush to market will be wholly unnecessary.

[0:40:00] B

And that was the control, because I commented on the vaccine, it made my entire article controversial and everything I wrote.

[0:40:12] A

Yeah, this is for the viewers that's poignant what you're saying for the viewers sake, that when you say controversial, it's not yeah.

[0:40:24] B

It's logical balance.

[0:40:26] A

Yeah.

[0:40:30] B

I saw natural immunity. I had no reason to mistrust it. Every one of my patients showed clear signs of recovery from the virus. Why would I need to go and vaccinate them? And I knew that it's an allergic process causing the death. You don't vaccinate against an allergy. And yeah, where it became very critical in the second wave of the pandemic, we had the South African variant. Now, when I looked at the gene, the mutations in that variant, the only thing that had changed from the original virus was a mutation in the Spike protein.

[0:41:07] B

Now, remember, I am dealing with an allergy. I'm dealing with what I consider as a lab made virus. I know that it's a bad virus that jumped species to a human to jump species. There must have been a change on the Spike protein of that virus, because the Spike protein is actually what binds it to its host. The insert that I saw was exactly in the domain of that Spike protein. So I knew they engineered the spike protein to make it attractive to humans.

[0:41:39] A

When you say the original virus, you're referring to the original virus genome sequence.

[0:41:44] B

That was a wild time. So the only thing that changed now, in the second wave, you see, I'm looking for an allergen. I'm looking at the virus, thinking, what in this virus would we be allergic to? I'm suspicious of Spike protein because, remember, we've been exposed to coronaviruses before and we never react.

[0:42:02] A

Oh, yes.

[0:42:03] B

So if there's something new, we're going to react to it. And the something new looked like it was spike protein because that's what made it jump from a bat to a human being. And when you go to a new environment, your sinuses act up. So I looked at it and I thought, you know, the only new thing on this virus is the spike protein, as God might have it. The second variant, there was only a mutation in Spike protein.

[0:42:25] B

So I thought, Well, I got a new variant, only spike protein has changed. Let me see how the disease changed. And now, when I started examining patients with the new variant, first of all, it was a more contagious variant that ties in with the change to Spike protein, stickier glue. Then I saw patients presenting with gastrointestinal symptoms rather than respiratory symptoms. So it had an affinity for ace receptors in your gut. Again, a change in spike protein.

[0:42:53] B

And then when patients decompensated again on the 8th day, they decompensated far more severely than they did in the first wave. And so I needed a far higher dose of steroid to turn that reaction around. So straight away I knew that spike protein was triggering the reaction. It's the allergen. Now, when I recognize Spike protein as the problem, I started saying spike protein is the primary pathogen of COVID illness.

[0:43:22] B

It is not coronavirus. Now, with that understanding, why were they trying to design a vaccine that gets your body to make spike protein? That's exactly what I say in this from day one. To say this is you are taking the most pathogenic part of the virus.

[0:43:42] C

Exactly.

[0:43:42] B

Putting it into a vaccine. You got the nucleocapsid, you got all these other proteins to use. Why this particular one when it's clearly.

[0:43:52] A

What it says it contains? Spike protein is cytotoxic.

[0:43:59] B

Cause an allergic reaction in some patients at the least. Right. So I looked at that and I thought, well, I'm mentioning this, nobody seems to be listening. And as well, at that point, a friend of mine from India sent the article to a junior in my college who was now working for the CDC. He took the article and showed it to the guys at the CDC. They contacted me in October that year to say they excited about me presenting my work to them. And I said, fine, I'll present it. But then it just fell away and I thought, you know, when you come up with a way to solve a pandemic, wouldn't they be interested?

[0:44:38] B

So there must be a motive behind this. Then they contacted me. Now I started speaking out against Bicrotin. Then they contacted me in January 2021 after they started the rollout of the vaccine. And they said now, are you willing to present? And I said yes. I still am. And again.

[0:44:55] A

Oh, my God. Because if you presented what you did.

[0:45:00] B

They have to take out the vaccine.

[0:45:01] A

Approved effective treatment, the vaccine, because it contained the very cytotoxin that we need to avoid here.

[0:45:13] B

They knew from day one you were.

[0:45:15] A

Stating.

[0:45:18] B

Nobody said anything more suspicion on my part. Why would you do this? Then the vaccine? Well, the vaccine got rolled out. It wasn't in South Africa at the time. I continued seeing patients and understanding how this was evolving. I looked at the new variant, I needed to understand what it was doing. We were still seeing the same, but now it attacked gastrointestinal tract. It triggered a severe allergic reaction in the gastrointestinal tract. And again on the 8th day, if you didn't quickly and aggressively suppress suppress it, it would spiral and you'd end up with all the other complications we saw. Now remember, they told people to isolate for 14 days.

[0:45:58] B

By that time you're going to go to hospital with multi organ failure because the problem started on the 8th day. Now, when you go to hospital, you got severe organ damage. That doctor is trying to save your life, but nobody's told him that you were stung with the beer a few days ago. So he doesn't know in which direction to address the problem.

[0:46:16] A

Clue what to do.

[0:46:17] B

I've taken patients off ventilators around the world simply by perspective. I don't tout medication, I tout a perspective, an understanding of the underlying pathophysiology and how to address that. Because this is a moving target as the patient moves along the illness. So you got to know where you are with this patient and how aggressive you need to be and where it's at which point you're catching that illness to reverse it.

[0:46:40] B

So I went on through the second wave again, still silence. How the media got involved in this canal I had a friend of mine send my work to a friend of his who was a manager of a radio station, capital Radio here in South Africa. He contacted me one day to say, my wife, myself and my three kids have been diagnosed with COVID All of us have fevers and sore throats. I'd like to have a consultation with you.

[0:47:10] B

So my secretary said, now come over and doctor will see you. And he said, what do you mean we're not allowed to travel? And she said, Get in your car, don't get out anywhere and drive to Port Edward. He's 250 k's away from me. So he was shocked. And so he got into his car and he drove to Port Edward. And I sat with all of them and discussed what I've discovered. Each one of them had started their illness on different days.

[0:47:32] B

So I sat with each one, went through their symptoms and plotted their respective 8th day. So if you started feeling unwell on a Monday, I would advise you, cannell you'll get better? But next week Monday, be careful. The next person started on a Wednesday. So next week, Wednesday is your day. Watch your day. I treated them, they went home, they all recovered. And then he phoned me with every single person's respective 8th day. When it was his 8th day, he started to worsen.

[0:48:02] B

He contacted me, my day eight. I sent him a script for what he needed to take. He recovered two days later. He contacted me and said, today is my wife's eight day. She's deteriorating. I treated her. I went through the entire five people in his family. Everyone survived it. Within a day or two, I had them back to normal. The quicker you catch it, the easier it is. And they all recovered. That was in August 2020.

[0:48:24] B

By November, he contacted me back to say, doc, I've got friends and family that have died. People around me are dying. What's going on? And I said, what do you want me to do? People don't want to listen to me. The doctors don't want to understand what I'm saying. Nobody is willing to take this and make it mainstream. And he said, look, on my radio station, we have a doctor, Dee, that does a medical program, and I'd like her to interview you to give you some exposure, because this needs to be known. And so that was the first interview I did in South Africa where I explained what I'm doing, why this is there.

[0:48:58] B

We ended up doing three interviews. It enlightened a lot of people about what's going on. And I think the most important thing that it did cornell the understanding brought hope. Took away fear and brought hope. People realized that this is treatable, so I don't have to be afraid of it. So I get into the fear narrative by doing that. So this started to get out in South Africa, but not through the medical fraternity, just amongst patients.

[0:49:27] B

Again, silence for the rest of the early 2021. I then went on to LinkedIn because when the vaccines came out, I knew that we were doing something very dangerous, and I needed support in what I was trying to say. And the first person to speak out was Gert Vandenbach, the Virologist. So I told my wife, I need to speak to Gert, but he was looking at it from a different perspective, totally from a virologic perspective, to say, you never vaccinate in the midst of a pandemic. You will stimulate new variants, and that is a commonly known fact. So I thought, if I get to this man and I'm able to chat with him, at least we can talk some sense into the scientific community.

[0:50:11] B

And so he was on LinkedIn. And so my wife got me a LinkedIn account and put my work up there. And I started interacting with a few people, but more so LinkedIn publishes all the new research, and you have a right to comment. So I started commenting on new research, and of course, my comments were very different from the mainstream. If someone put a comment or a research article that said Ivamectin doesn't work, I would ask. I'd say, look, we're dealing with a biphasic illness, so you got to tell me in which phase you used Ivamectin, because there's two different phases here. And if you haven't yet recognized that we're dealing with a biphasic illness, then you're out of context, because it might not work in the first phase, but it'll work in the second phase. So tell me where you used it. So people started wondering, what is this doctor going on about? Biphasic, out of context, that kind of thing. And it's every paper that came out.

[0:51:05] B

And then I got contacted by Professor Chris Newton. He's the head of molecular Biology at Edinburgh University I think it's Edinburgh. And he contacted me to say, doc, you have a very different perspective from everyone on the platforms. I'd like to see your work because I want to understand why you see it in this different light. And so I shared my article with him. The very next day he contacted me to say the world needs to see this.

[0:51:31] B

They missed the boat. They missed the boat. And so that weekend he arranged an interview with Dr. Philip McMillan. He's the lead researcher for COVID and he's been interviewing the movers and shakers with COVID Get, Robert Malone. And so we had that first interview and he was shocked at what I was telling him about a biphasic nature. I was pretty frank in that interview about, well, science. The science was there that went viral around the world and people when that happened. Connell a lot of the researchers at that time were publishing articles, but there was this fight.

[0:52:07] B

Half of them were saying it's a viral illness that was killing people, viral pneumonia. The other half were



saying, no, it's an inflammatory process, it's a cytokine storm. But both were right, they just didn't realized that illness changed completely on the 8th day. So you were right on the first seven days and you were right after the 8th day. So they all contacted me to say, jeez, you found it there's the perspective. And they wanted to republish their work with my perspective in it so that we could get some meaning to what was there. And so suddenly I had access to the best researchers in the world, the leading researchers in the world. And so I started to see what they were doing and started to direct where to look how this process actually works.

[0:52:48] B

And that got me involved in the research community. That's what I wanted. My article ended by saying I hope my treatment forms a solid foundation for the development of effective strategies and that my understanding of the pathogenesis of COVID helps to direct further research and understanding into the illness. And so there I was getting there, they understood my treatment and now I had access to research and I could direct where this would go.

[0:53:18] B

But what was controversial was now I knew that Spike Protein was the problem. And when I mentioned Spike Protein, everyone said, and what about the vaccine? Because you couldn't avoid it, you couldn't avoid getting into that topic. I think two weeks after I had my interview with Philip, I got a call from Marsum, which is the Malaysian Association for the Advanced philip who's Philip? Philip McMillan.

[0:53:44] B

He's the leader for COVID and he runs a podcast or YouTube channel and he interviews all the best in the world and he tries to make he's a physician in the UK that's seen COVID as well.

[0:53:55] A

Oh, I think I think I know Philip. Yeah, I think I've seen a video of him.

[0:53:59] B

He's got a Barbados accent.

[0:54:02] A

Yes, that's right.

[0:54:06] B

I got contacted by an association in Malaysia to please train their doctors in the treatment of COVID There's different timelines that run away from me with what I've done. Look, I trained 250 odd doctors there as a start. Two years later, canal. They've all had exactly the same outcomes no hospitalizations, no deaths, and no need for oxygen. In August last it was October last year, they had a gala dinner in my honor to fly to Malaysia.

[0:54:36] B

The can survive society as well. In Malaysia gave me an award. In fact, when they said, they're giving me this Peter Nye Award for Medical Excellence dealing with cancer. I said, hey, I'm a GP. I'm not a cancer specialist. And they said no. When you trained doctors two years ago, you mentioned spike protein. And there were three oncologists at that meeting. And they asked me about spike protein, what I expect from the vaccines, how it will affect immunity. And I explained to them, I said, look, these are all the things you're going to see.

[0:55:05] B

Autoimmunity clotting, the neurodegeneration immune suppression, reemergence of latent cancers, damage to DNA that would cause new cancers to emerge. And so they went to Can Survive the Cancer Survival Society and said, look, we trust this doctor. Please advise all our cancer survivors not to take the vaccine. He's of the opinion that the vaccine will cause cancers to reemerge two years later. They looked at their society and they found that a majority of people who didn't follow that instruction and took the vaccine either to fly or forced by their family, a majority of them, their cancers were back and more aggressively than before.

[0:55:44] B

So they gave me the award simply because that advice saved more cancer patients than any cancer treatment has in the last two years.

[0:55:55] A

You're speaking from this very published document.

[0:56:04] B

That document Cornell has spawned so much of thinking. I mean, we got to a point. Just to fill you in with the controversial parts of this, I been talking to people in the Department of Defense in the States because they missed the boat when they realized I picked this up. They realized, okay, we need to speak to this man. He knows what's going on. Now, I met with the guy with connections in the CIA, can't tell you his name and things. I had to have a separate meeting with him.

[0:56:34] B

But he asked me, he said, do you think this is a natural infection? And I said, sure it's not. Why would people desaturate on a very specific day, 8th day, not the 7th, not the 9th, always the 8th day. It's almost biblical. And that's unnatural. And then he asked me, do you think it's a natural virus? And I said, I know it's not. We've got 20 years of research into coronaviruses and spike protein. Why would I think that this is a natural virus? And there's an insert in it.

[0:57:02] B

There's a clearly a lab made insert put into the virus. So he laughed and he said, thank God we're on the same page. And then I said, I said, you do realize that Spike protein is what's been engineered here. It is a toxic substance that was put onto the virus. And he laughed at Mikonal and he said, you know, Dr. Chetty, we as the military, we've spent millions of dollars trying to figure out what this is.

[0:57:25] B

He said, we know that they took an ordinary flu virus and weaponized it. They put a military grade package on the virus. He said, and we've spent millions trying to figure out what this package is and how it works. And there I see this video where you just say it's five protein and it starts on the 8th day. He says, I rushed off with that video with Philip to my boss and said, you better watch this.

[0:57:46] B

And he says, my boss fell off his chair. And he told me, you better contact this doctor. He found it. That's the poison. Then I asked him, I said, well, now that you know that spike protein pathogen we're dealing with, what is it doing in a vaccine at that point.

[0:58:07] A

And being rolled out?

[0:58:08] B

Old age homes? They said, no, only the frail. So it was limited to vaccinating old age homes. And so I asked him this question, and he was very frank. He said, Dr. Chetty, the mass vaccination campaign has nothing to do with health. It is the second part of a global military strategy. And he said, you watch. They will make every single person on this planet take this vaccine, whether they like it or not.

[0:58:34] B

They will take away people's freedoms. They will take away your ability to work just to ensure you take this vaccine. He said you watch. They'll give it to pregnant women, they'll give it to children. Nothing's going to stop them. The conversation went on Cornell to me trying to provide them with humanitarian assistance, because I understood the pathophysiology. Certain drugs were being banned around the world. And this group wanted to help people with COVID so we could use nutraceuticals natural medication to supplement if certain drugs were taken off the market and that kind of thing.

[0:59:07] B

So I did some work with them in that and they wanted information about the toxicity of the vaccines. They wanted to show that the presiding government in the US. Was deliberately injuring its population with a toxic vaccine and that would be the basis for a military coup. Now, I knew that there's some tone underneath when I heard them saying in October 2021 that Trump is coming back. There was no election in sight. I started wondering, how the hell is Trump coming back?

[0:59:41] A

Yeah, there was no election.

[0:59:42] B

Other people contacted me and said, be careful. They're going to use the information you give them in the military to force a coup. And immediately Biden mandated it for the entire US military. And you get a dishonorable discharge if you don't take it. That man averted a coup. He averted a.

[0:59:59] C

Coup.

[1:00:00] B

Now where that played in. Look, I listen to everything I hear, but I must make sure it plays out. So I look at things and I try and figure out, does this make sense? You see, if your wallet disappeared from the desk, you can stare at that point the whole day. You'll never figure out what happened. If you find it on the kitchen counter, then you've forgotten and made a mistake. But if you find a guy running away with it in, then you know someone stole it. So it's the response to your missing wallet that tells you what happened, not the site of the wallet missing.

[1:00:31] B

I thought, okay, I know this came out from a lab, but for me to consider what the intention was, I got to look to look at the response. Now if this was an unintentional lab leak, then you would coordinate off and you'd not make a big deal about it and you'd try and keep it quiet. But if this had the intention of affecting the entirety of humanity, you'd blow it out of proportion, make it worse than it actually was, use a fake PCR test to ramp up numbers.

[1:00:58] B

So as soon as that happened, I knew, okay, this was intentional. Then when this guy spoke to me from the CIA, I thought, okay, he told me that they're going to force this on people. Now a can of insecticide is toxic, but sitting on my desk, it's not going to kill anyone if you decide of your own volition to drink it. And that was a stupid choice and I'll probably have to save your life. But the day I force you to drink it, it's called upon. That's something else.

[1:01:28] A

That's something else.

[1:01:29] B

Especially when you I sat back and waited to see who's going to force who, and that'll tell me everything I needed to know. So the first day I saw a country talking mandates. I knew he was right. I knew he was right. They're going to force this on humanity. Now at that point, every one of my suspicions about this being a bioweapon came true. And I thought, is humanity ready for the truth? I'll get hung if I speak the truth.

[1:02:02] B

So it was at the end of a Caribbean summit where I was called upon to summarize with other doctors. And they were talking about how nonsensical the approach was. And I just mentioned to them, I said, look, if you think this is.

[1:02:14] A

A health intervention, everything seems which approach.

[1:02:18] B

Was the approach to the pandemic, the lockdown, the masking, the vaccination?

[1:02:23] A

Oh, that okay.

[1:02:24] B

They were saying, look, it doesn't make sense and why are they doing this? And I said, look, if you think of this as a health approach, then it's not going to make sense. But if you understand the agenda, then it makes complete sense. So someone asked me on that platform, there were about 1000 people on that zoom meeting, we planned it with ministers from the Bahamas and that kind of and they asked me, so what do you think the agenda is?

[1:02:48] B

And I thought should I say this? My conscience got the better of me. And I said, Well, I'll say it once and that would be the ones to enlighten people and they need to go, at least I've got a thousand people here. If they hear it, at least I've awoken someone and pointed as to where to go. Look, because everyone was just running behind this virus. And so I mentioned in that video, I said, Look, I'm of the opinion that Spike Protein is the most elaborately, well designed toxin man has ever made and it's meant to kill billions without you knowing you were poisoned, because it'll kill in such a variety of ways, you'd never suspect it's a poisoning. It was designed to exacerbate your preexistent chronic conditions, so people would say, yeah, you had heart disease and you had a heart attack.

[1:03:35] B

And so, yeah, it's probably that. And I mentioned that it would kill in such a diverse time frame that there'd be no suspicion of a poison. And then I went on to discuss the protein structure of Spike Protein and exactly why I say what I say, the different proteins in it, GP 120, prions, and how those would cascade down the line. And then I went on to discuss the vaccine and the ill logic behind forcing a vaccine. And that, I think, got them riled up, because at that point, they were using everything to say it's safe and effective and it does this and it does that.

[1:04:10] B

So I explained to them, I said, look, for a vaccine to have a population based benefit, it's got to be able to stop infection and transmission, and clearly it doesn't. I've seen patients after the vaccine coming to me with COVID. It doesn't stop infection and the families got sick, doesn't stop transmission, right? I said, So now they're telling me that it prevents severe illness and death. I said, but what you don't realize, severe illness and death is an individual benefit and it's a therapeutic benefit. My medication prevents severe illness and death. And I don't expose the entire world to my medication. I only expose sick people.

[1:04:45] B

So nobody's going to have side effects of it globally. Only sick people can.

[1:04:52] A

The other weird reason to protect the health service, that weird reason that they.

[1:05:01] B

I didn't send a patient to hospital. Why did they need protection? Do you understand what I'm saying? This could have been negated, right at home. Why don't you listen to that? And you force them to come to hospital and then you complain that the hospitals are overflowing with patients. So I explained to them, I said, Look, I gave them an analogy. I said, look, it's like skydiving. Skydiving is an individual risk, it's an individual benefit and it should be an individual choice.

[1:05:28] B

So I have the choice whether I want to skydive or not. But now you telling me that I must skydive to save the guy next to me. And I'm asking you to show me the science. And you can't show me the science, but you're insisting I must skydive. Then a few weeks later when you realize that I'm not interested in skydiving, you offer me a beer and a donut to jump. And I'm looking at you like, now you're trying to bribe

me to take this leap, but you're still not giving me the science as to how it protects the guy next to me. I see this as an individual benefit, and then you decide to mandate it.

[1:06:01] B

Now you're threatening to push me out the plane and you're threatening to push me out the plane.

[1:06:07] C

And when I look up at the.

[1:06:08] B

Parachute you gave me, it's full of holes. And when I look down at the spot I'm supposed to land, I can see a few people died there. But you're lying to me and you're saying, I don't look at that. It's safe, just jump. I must be stupid. And so I mentioned to the crowd, I said, until they can show us a population based benefit, you're being coerced into be taking this vaccine for someone else's benefit.

[1:06:30] B

Now.

[1:06:37] A

Isn't it funny? Because I started looking at the government documents that they were publishing and all those vaccination fact sheets and all of this, and I have one of them up here. I'm just going to share the screen with you. You will laugh your head off that they were literally and listening to you. They were lying to us from the start. But it was difficult for people to believe what we said when we said, look, your government isn't telling you the truth.

[1:07:10] B

When people are put into that kind of corner with fear, then they will believe anything to get out of it. So you made them so terrified about a virus that you held up a savior in the vaccine, and they now followed that as their savior. So it was almost religious. That's the reason when you told someone, you know, the vaccine doesn't work, they wanted to kill you, not because they believed the vaccine didn't work, but because it became a religion to them and you were attacking their religion. It was almost like a religious fundamentalism that grew in the vaccines.

[1:07:45] A

Wow, that's true. Because I'm hearing now even, well, I don't know, some of these tweets that I see people are stating, I know I'm looking at profiles, but some of the statements being made there makes you think, what has gone wrong as people lost their minds? What has happened to common sense when it is so obvious? It's like one PhD student that put out a message, a tweet saying, oh, I've got this new unimproved mask and it stops the virus from getting through.

[1:08:26] B

She doesn't negate stupidity and then she.

[1:08:29] A

Says, I can actually feel the air coming through.

[1:08:35] B

It's crazy. It's absolutely went down that road. But mind you, everything, the masking, the lockdowns, all that was necessary for the bigger narrative. It has nothing to do with health. It has everything to do with destroying the economy, destroying social structure. See, if I put this into context, we are in the Third World War without anyone knowing. The first and Second World Wars were not some argument in the middle of the road that got out of hand.

[1:09:09] B

It was the global elite that realized they were going to lose money. And so, through propaganda and

control of media, they stirred trouble and started those wars in an attempt to keep their wealth. So when you look at a war, it is meant to restructure society, destroy the economy, to restart it, impoverish people, enslave people, restructure the rules, reset it according to what changed the direction.

[1:09:36] B

So those were two world wars and those were the restructurings of society by the global elite. Now they've learned how to fight a war very differently. The virus and the vaccine are now the weapons, so they don't cause firing, a bullet, they don't draw attention, there's no infrastructure damage and I can convince you to go and shoot yourself. I don't have to take and then usually when a war gets too much and we start to see the killing fields filling up, then a white flag gets waived. But here there's not going to be a white flag because the death occurs one at a time in your bed at night, and they'll discourage anyone from counting those deaths.

[1:10:14] B

That's what we've seen, yeah.

[1:10:16] C

So we in the world now.

[1:10:19] B

Look at what's happened with the pandemic to society. It's restructured it. We've had the greatest transfer of wealth from the middle class to the upper class. We've had our freedoms violated. We got new rules being put in place that seem to be unconstitutional overreaching. But as long as we're fearful, they'll put those rules. Now, the way this is, and hopefully I'm wrong. I wished from the start I was wrong. Unfortunately, I haven't been.

[1:10:49] B

But the way I see this panning out, they will institute food shortages and anarchy. That's what they need to engineer. Now, South Africa is the test bed. It's always been the jewel in the elitist crown. We've had centuries of different people fighting over our resources, so that fight hasn't stopped. We're resistant to thinking, we got our freedom, we were born free, and I don't see the need to fight with it. And what's it worth, if you're jobless and hungry, you're not free.

[1:11:19] B

I expect this to start in South Africa and the way I expect it to go, we've had 50 years of fiat currency. Fiat currency is coming to an end. We took away our gold resources, so the currency is not based in any gold resource. It became the petrol debt dollar in 1972 with Nixon, I think it is.

[1:11:39] A

It's 1970.

[1:11:41] B

So we're playing with monopoly money and it's only of any value on the Monopoly board. And the guys in charge can print as much as they want because they know the time has come to burn the board because it doesn't work anymore. Now, this happened in 2008. We nearly had a financial collapse. So they realized it's going to collapse. It almost did prematurely. So they printed money, stemmed the collapse, but they knew that the financial system has to collapse and be restarted.

[1:12:12] B

So they engineered a collapse for 2022. That's what COVID is about, and global economic collapse. So they made this vaccine. They made governments scared that if you don't buy it, your population is going to kill you. And so they used the vaccine to drain every country's fiscus. Everyone paid billions to get the vaccine. First they created a rat race.

[1:12:34] A

Now, because the contracts that they signed is ridiculous.

[1:12:39] B

Now, remember the contracts that were signed, this is not Pfizer, this is the US military. This is a whole different ballgame that we in.

[1:12:50] C

Now.

[1:12:50] B

The way they engineer this, they'll create anarchy. And you can see in South Africa, they'll switch off the lights, we'll have no food, right? Anarchy will prevail. They will crash the internet. They talk about a cyber pandemic. When the lights come back on, the Internet crashed, the banking system collapsed. The million rand you had in the bank is gone. You don't even have a bank account. But they have used that to divide society again, because the guy with a million rand debt, his debt is gone too.

[1:13:20] B

And he's going to say, leave it alone, I'm happy. And then we're going to have this fight. And so we're sitting with anarchy and we're hungry because we can't buy food, we got no money. And so it's easy now to bring in military rule, bring in a dictatorship almost, and say, you're only allowed out between this time and that time and these are your freedoms. But restored law and order. And because of that restoration of law and order, we'll say thank you in spite of our freedoms gone, being taken away.

[1:13:57] B

Then when you can't buy anything, they're going to say, look, we got to start somewhere. So give us your cell phone numbers, we'll send you a digital currency and you can go swipe it at the shop and get something to eat. And guess what? We're going to say thank you. So they know what needs to be done. And I think if people are aware of it, we can stop it.

[1:14:20] A

That is the biggest what you are saying right now. Many viewers get it. And again, when this information comes before what you call the mainstream narrative, let's just call it corporate media, who all vested in that direction will now say, oh, Dr. Shankarashetti is a conspiracy theorist. I don't know what qualifications you got to have to be a conspiracy theorist.

[1:15:00] B

Does it stop being a theory and start being the truth?

[1:15:03] A

That's what I'm saying. I always say to my listeners, as a business, conspiracy theory, I'll give you the theory about a conspiracy against you. That's it. That's the truth.

[1:15:14] B

I know what's coming. I know what's coming.

[1:15:20] A

The signs are all there. We've had a consultation, I can't say we had the government, rather, the bank of England, put out a consultation in September 2021, three months consultation about a central bank, digital currency. My local council, as I asked them, have you ever heard about this? It would I said, they've conducted a consultation, I never saw it into it. Now they're wanting to share your data with people. Obviously, I've submitted I said, I've submitted a request to be forgotten.

[1:16:03] A

And now the National Health Service is telling me, I'm sorry, we can't wipe your data under these conditions. So I'm now complaining to the information commissioner, who now says, oh, can you send me the letter? And what I said, I don't want them to share any of my data between any departments for any reason whatsoever.

[1:16:20] B

This is the new gold.

[1:16:22] A

Yes, exactly. That's the new gold. And as you rightly say, the more.

[1:16:27] B

You remember, they were going to bring out the digital passports. Vaccine passports, yes.

[1:16:32] A

This is what they push in for here right now.

[1:16:34] B

Now, the vaccine passport. You see, humanity is fickle. So people would take the vaccine, get a digital passport. So when you go to a restaurant and you swipe the QR code, gives you a green tick. And so you take that tick and you take a photograph of yourself and you put it on Facebook because your status is elevated, your credit score goes up. Yeah, like apartheid did. You had some people privileged and some people prejudiced based on the skin color, but you couldn't take a white man and make him a black man and take away his privilege.

[1:17:13] B

But you can take a unvaccinated man and make him vaccinated and give him privilege and you can define the status of vaccinated and turn him unvaccinated and take away his privilege. So now you've got a changeable means to dispense privilege and prejudice according to your narrative. That's what the so you go swipe at a door and you get a green tick and you go in, but it doesn't provide you any protection.

[1:17:38] B

If I go and swipe, I get a red cross and I can't go in. But what you don't realize, one day you're going to go there and swipe that QR code and your green ticks turned into a red cross. And then when you ask why they're going to say no, you're supposed to take your booster two weeks ago. So you go back, you take your booster and you get your green tick back and you think, oh, hunky dory. As long as I keep my boosters up to date, I keep my green tick what you don't realize.

[1:18:01] B

One day you're going to go there and it's going to be a red cross. And then you're going to argue with the guy because you took your booster yesterday, and then he's going to tell you, no, it's actually a red cross because you didn't pay your parking fine last week. And then you realize you enslaved. Then you'll be it'll be too late. Yes. Why the need for a QR code on a door? Why not just a passport?

[1:18:25] B

Because the QR code makes your access to service location specific. So swiping that QR code means you can go into that restaurant, but it doesn't mean you can go into that one. So if Canal is being a naughty boy, we'll confine him to his town. And wherever he swipes, he'll get service in his town. But as soon as he travels out of his town, everything turns red. And he can't book a hotel room, he can't buy food, he has to stay in his town.

[1:18:50] B

And so it'll be population control, movement control. And that was the purpose. Identifying people, getting them into this fake system, and then rewarding those that follow it and pushing out those that don't. And then through that. Now, once you got that tie in the digital currency and you got it, I go to the shop, I take a chocolate, I swipe my card and it's my phone. And he says, no, doesn't want to go through. And I look at the reason and he says, you're diabetic. You shouldn't be eating chocolate. Sorry, that's not for you.

[1:19:21] B

Yeah, that's how far it'll go.



[1:19:27] A

It is almost fantastic how through the use of a biological agent, introducing it, misdirecting people as to what form of treatment, putting mechanisms in place that doesn't work. But now when you start connecting the dots, it all adds up to this.

[1:19:49] B

And yet great illusion.

[1:19:52] A

Yeah, exactly. This is the illusion. So it brings me back to when your regulator now, we heard you said that this is all to do with some global control objectives. It's also my opinion, and I can see this all rolling out and I can see the connection to it. But again, what are you bringing me here for?

[1:20:18] B

You see, Connell, where the problem comes in, we have a regulator that regulates my license, but they don't regulate whether I'm a healer or not. So I don't need their license to be a healer. They're a bogus regulator that's meant to determine who will be called a doctor and who won't. You understand what I'm saying?

[1:20:43] A

Yes.

[1:20:44] B

So when they contacted me and said, look, we've got these charges against you, I wrote to them to say, give me the latitude of the charges and the exact nature of the misconduct because I want my research and legal teams to provide you the information you need for an informed inquiry. They haven't done that and they just brought a chart sheet against me. But I think from the interviews I had, they're very well aware that they must bring it on.

[1:21:10] B

The bottom line is this. I've stated it very clearly. If their intention is to suspend me, and they expect that the fear of the suspension will stop me speaking out, then the suspension better be from a tall tree and by my neck, because otherwise it ain't going to work.

[1:21:27] A

Exactly. It just doesn't make sense, contradicting their own procedures, wouldn't it?

[1:21:34] B

Yeah. And I made it clear with them that if I see that in spite of the evidence, they still wish to suspend me, then I will deregister. Now, by deregistering, you don't have any legal hold on me. So I can't practice as a doctor, not a healer. I can practice as a healer, but I can't practice as a doctor, but I can sing like a free canary. So you decide wild dog on the leash or wild dog off the leash? Choice is yours.

[1:22:02] B

And that was taken on a very.

[1:22:07] A

Important point that you make there. Shankar I think that bit that you've just said I think is crucially necessary for other registered medical practitioners or healers who know that you can take my license, but it doesn't take my knowledge, my skills and my abilities.

[1:22:30] B

I've seen that through the pandemic. Cornell I brought new knowledge. I had to go to someone and say, there's new knowledge. And they said, no, we'll decide. I took new medication and a way to treat a pandemic and solve it. No, we'll decide. So I looked at it and thought, okay, you know what's best for you.

And mind you, when I say the US, remember that Fauci is involved in.

[1:22:55] C

This.

[1:22:58] B

The development of gain of function, work and all that kind of thing. This was. Now I know. And the research is showing more and more that the Department of Defense in the US. Was involved. DARPA, the Research Wing, advanced Research Wing, the Pentagon, the CIA all of them have fingers in this. Joe Biden, Ukraine what's happened there is a biological weapon. And so I'm of the opinion, let me state that very clearly, that the US. Military is well schooled at training militia around the world to overthrow governments that don't pander to their narratives.

[1:23:40] B

And we've seen that in Iraq. We've seen that around the world. We've seen that in Africa. They train militia, they arm militia, they create trouble. They profit from war. They profit from having people having beefs with each other. So you and I are having a chat. They come in trouble between us. They sell you weapons, and they sell me a medical agent.

[1:24:05] A

Sell the other one weapons, you guys fired. Now they want to say construction agents.

[1:24:15] B

Knowing that the way I see this. The US. Military is now acting as militia for the global elites to instigate a global takeover. Right? And the global takeover has been done under the COVID of a health intervention. So when you look at all the guys standing in the front looking at this as a health intervention, they are well aware that we're dealing with a military strategy. So Fauci can say what the hell he wants.

[1:24:56] B

We fighting with Fauci because he didn't follow the FDA stipulated guidelines. It's a military intervention. The military owns the vaccine. The military owns the patents. The military was in charge of distributing it. We did a health crisis with military precision. What more do you need? Pfizer asked for your embassies and your military bases as collateral. They didn't ask for your gold reserves. They're the mouthpiece of the US. Military.

[1:25:24] B

You understand? And so when the time comes for me to throttle Fauci, he's going to turn on and say, hang on, guys. We didn't need to follow this.

[1:25:41] A

I don't know. Did we seem to have lost Dr. Shetty there for a moment. I'm not sure whether that is to do with load shedding or a connection issue, but hopefully, I'm not sure. Shankara, if you can hear me, I'll just hold on and hopefully you can come back. But we are getting into a very interesting part of this. And for the listeners out there, I would strongly suggest that you do share this video, share this information, because much of what is being said right.

[1:26:23] A

And yes, you're right, Nico, as you state there, but new world order items oh, Dr. Shetty says that the power has just gone off. Okay, I'll just reply to him. Oh, dear. The power has just gone off. Where Dr. Shetty is okay. And he is coming back in. Let's just get Dr. Shetty back in. All right. Let's see.

[1:26:57] C

There.

[1:26:57] A

He's coming back. He should be back live with us fairly soon. Just bear with us a moment. And then the power just went off.

[1:27:09] C

On my cell phone.

[1:27:11] A

Given what we're talking about, one could almost entertain paranoia that you're being sabotaged.

[1:27:18] C

I wouldn't be surprised.

[1:27:20] B

I know too much. Yeah, carry on.

[1:27:24] A

From the point that where you were about the military involvement, because you were causing me to think about the contracts that I saw being issued even into research of COVID-19 when it was even not named yet.

[1:27:39] B

You see what?

[1:27:39] C

The contracts were brought together by the military. And the military doesn't have to follow the same rules as civil society when it engages with contractors. Since when does the military have to show that its poison is safe and effective?

[1:27:58] A

No?

[1:27:59] C

Do you understand what I'm saying?

[1:28:00] A

Exactly.

[1:28:01] C

Out there lying to you, saying safe and effective, safe of ineffective till you on your debt pay. Then they say it was a poison. Too late. Too late. The job is done. You understand what I'm saying? So I can guarantee you the health sector around the world has played cover for a military exercise and that's these.

[1:28:23] A

Rules of the International World Health Organization is now making these additional international health regulations. I see some very concerning bits which substantiate what you're saying about yes, interference with individual country sovereignty.

[1:28:45] C

And if I owned your embassies and your military bases, that would be so much easier.

[1:28:57] A

I'm saying to my listeners always, I'd say to the people listening through this medium is that there is a

desperate need for us to be on the ground and go from place to place, or many places. We've talked to people face to face. One is the information is critical, also helping people to understand. But more critically, and you mentioned it, you touched on it as well is to relieve people from the irrational fear of irrational authorities that had been created, even like this irrational authority of a health regulator that will now want to strip you and you should now be so afraid and then the public should now look at you. I want to go to that doctor because he doesn't have title doctor no more.

[1:30:02] A

These are constructs that needs to be unlearned from.

[1:30:11] C

This is a vital thing that needs to happen across society. This is something that's been going on for centuries, being misled, misdirected. And now that they want to break down the structure of society and rebuild it the way they want, that gives us a small window of opportunity to take it back. So we need to come together and build anew with love and compassion and collaboration and have the structures ready so that when they break it, we can say, no, don't worry, we got our own.

[1:30:44] C

My aim is not to try and make a donkey or horse. I know what I'm dealing with. So my aim is to disempower the council and sidestep them and I'll continue practicing as a healer, but I don't need your permission anymore.

[1:30:59] A

Exactly, that's exactly my point. I always say, because the conditioning of these authoritative structures that we have accepted by way of Parliament Acts, that now even that you see when you start reading them, they are in stark contradiction of the original intention of the constitution. And we see this now, you see, you're being confused by your own regulator saying things that the South African Health Regulatory Authority or Agency, what you call them there, I'm not sure.

[1:31:42] A

Even reneging on their on their primary duty.

[1:31:48] C

Yeah.

[1:31:49] B

How did you get primary duty?

[1:31:52] C

Look, the primary duty is just there as a slogan.

[1:31:55] A

As a slogan.

[1:31:56] C

That's exactly the people that they control is where the Cabal finds value. So they know you control all these doctors. So I'll capture you and I'll indirectly control all the doctors that you control.

[1:32:15] A

UK Health Regulator and remember, all these.

[1:32:17] C

Regulatory authorities are not elected, they are not representative. And so by not being elected and not being representative, I have no legal recourse when they harm me.

[1:32:32] A

Oh, my word.

[1:32:35] C

And so I think people need to understand there's only one way to change this. Yes, we need elections, but then. Politics is another game that needs to be changed.

[1:32:46] A

Exactly.

[1:32:46] C

Politics is not about serving your constitution, a constituency. It's not about solving problems. It's about selling a narrative. And if I feel that your narrative is better than the next politicians, then I vote for you. And then that narrative goes out the window and forgotten until the next election. So that's how that works. So I think the only way to do this I mentioned this on one of the shows, I said, look, my only question to a politician to get my vote would be, would you exit these regulatory authorities, the World Health Organization, the World Economic Forum, the United Nations?

[1:33:19] C

If I vote you into power, would you bring South Africa sovereignty back? And I don't care whether it's the worst politician in the country, the crap he can cause, peels into insignificance with the crap that's going to be caused by these regulatory authorities.

[1:33:34] A

Yeah.

[1:33:34] C

And so I don't care who you are. Just do that and I'll vote for you.

[1:33:37] A

And you know what they do, Shankara? They throw this, their favorite scaremongering. Or do you want to turn South Africa into a Zimbabwe? The thing is that people haven't many people don't look into the underlying structures. Precisely. These agencies, unelected organizations that are actually operating, that running our country by proxy, our actual governments are becoming administrators. For what?

[1:34:14] A

For corporate interest.

[1:34:16] C

For corporate interest. This is where we hear the voice.

[1:34:19] A

Of we really need to hit them at that. Shankar I'm so grateful for the insight that you give, that you continue to give about that. You called it correctly, it's now proven and obviously you hadn't been challenged. So that says it all. And now it is being published bit by bit, like we're now being put on a drip over 12 hours. The truth, it's all available to everyone. And all of this time, we can see that this silence had only benefited a narrative that is advancing, as you say, a global takeover, the cancellation of sovereignty.

[1:35:15] A

And it sounds far fetched only to individuals who aren't looking properly at this.

[1:35:27] C

There is also hope. Hope in that. Remember, this fight didn't start this century. It's a centuries old battle. We can go back to colonialism, to the west, enslaving many countries stealing their intellectual property

and their wealth and using that to develop military might and control economies, and in so doing, keep the world enslaved. Now, this is almost a spiritual war of biblical proportions. All cultures talk about the darkest hours of humanity, and it's here. We just don't see it. Yeah.

[1:36:10] C

So when you look at how the formation of the world are realigning, you got the BRICS Group of nations Brazil, India, China, South Africa, Russia. These are the old ancient civilizations of the world. Now the Muslim countries want to join us. So it's the ancient civilizations coming together to protect themselves against an evil force that the west has actually propagated for the last few centuries.

[1:36:40] C

You see them getting investments in gold. You've seen them putting up satellites for each of their partners so that they can withstand an Internet shutdown and a global collapse engineered by it. You see them trying to take back their food securities. So there's a plan to avoid this. We got to be careful where we align ourselves. When I did the video with saying that this is an engineered toxin, within a period of look, it was quite for three months, and then I realized someone had video recorded that ten second, ten minute segment, and it went viral on Twitter.

[1:37:23] C

Donald Trump reshared it on his 2022 campaign. Vladimir Putin reshared it. Craig Kelly in Australia reshared it. And then two weeks after that, I got contacted by a guy Vadim a guy in Russia who's a YouTuber want to do an interview about my perspective. And in that, I did one video with all the science, and the second was about the economy. What's the game here? And two weeks later, Putin dropped the mandates.

[1:37:50] C

He spoke to an international community where he said, great reset. Not under my watch. And someone wrote to me and said, I think he saw your video. Something's up. And then in January, by November 21, we had seen the first Omicron variant in South Africa. And so everyone contacted me, wanted my opinion. Well, what do you think of Omicron? And of course, countries were closing their borders, keeping South Africa out.

[1:38:19] C

So I spoke out against it and said, look, it's a mild infection. I would actually look at it as live attenuated vaccine. Rhino Fulmiki asked me, he said, you know, I want to set up a webinar where you can train the Physician Society of Germany on treating COVID. And I said, Why do you want to go through all that effort? And he said, Well, Delta is killing people like flies in my country. And I said, look, just invite ten of my friends with Omicron and show us a good time in your country, and I'll get Omicron to displace Delta, and you'd solve your problems.

[1:38:54] C

And he laughed, and he asked Wolfgang the virologist, and he said, yeah, he's absolutely right. Why do you want to fight Delta? Get Omicron in. It's more contagious. It will displace Delta, and it won't kill anyone, and you can deal with it. And we saw that around the world. Now, when we diffuse that attempt at fear mongering by saying it's a mild variant, at that point, Bill Gates came out and said, well, what's the next pandemic?

[1:39:18] C

And when he said, what's the next pandemic? I think that scared Putin. And he realized the next one is going to start in the Ukraine, and he's going to blame him like they did in China.

[1:39:30] A

And so he saw the bio with all their guns.

[1:39:36] C

He went in and said, I'm putting it into this.

[1:39:39] B

And he went, there you don't want.

[1:39:40] C

To take over that country. This was not about territory.

[1:39:43] B

It was about going to your neighbor.

[1:39:44] C

And saying, look, the friends that you're entertaining are threatening my life.

[1:39:48] A

They are dangerous.

[1:39:49] C

Rectify what you're doing. These friends were standing outside telling your neighbor, don't worry, we'll take him on. And I kept telling my neighbor, Listen, you're going to start a war here. So America and the rest, by instigating this, they basically triggered a response from Putin. And of course, the countries that decided through a referendum to rejoin Russia were countries that were having a rough time with the proxy government from 2014, and they wanted to go back to Russia.

[1:40:17] C

And so he went and saved them. And so they were all very happy that he came into the country and they had a referendum and said, look, we'd rather be administrated by Russia. So why does the world take offense with that? Why does the world take offense with that? You decide my sovereignty now.

[1:40:32] A

And here you can see their mouthpiece, their media being deployed, having us all believe that Russia is aggressive aggression against Ukraine. You should see the propaganda here. If you weren't flying a Ukraine flag, you're somehow anti Ukraine or a supporter of Russia. I mean, this stuff is obvious to those of us who take the time to think for ourselves independently on a daily basis. Still here. The British Broadcasting Corporation wants you to believe that it is Russia who started the war and that they have other intentions and that they were not provoked and they blew up their own pipeline as well. And you think to yourself, or what more do you have to say? You know, that trans marginal state where you get into and you think, what's the point of saying anything here? Well, but we can't afford that.

[1:41:44] A

We can't afford to say that.

[1:41:46] C

Look, the same question comes to me. Why would my creator give me this information, make me be the only person who saw it this way, and then not let people listen to me? He must have an agenda. So this is about awakening. We are at a crossroads in humanity, and this is about awakening. So I had to really sit back and think. I had to watch people being injured, people dying, an unnecessary vaccination, and come to terms with that, even though I had the solution to it.

[1:42:24] C

But I think it's important to remember that Noah built an ark. He didn't only take humanity on that ark, he took every one of God's creatures. So humanity's ego needs to be curbed if they have any hope of getting onto that ark. And also, it's important to remember that he never stopped the flood. The flood happened either way. So we at that point where we're trying to awaken people, and those that can't be awakened won't be awakened.

[1:42:56] C

And we have to accept that. There's a boxing church. It's called the Confessional and it's your way out of a vaccine injury. You got to accept that there was a mistake here. And then we'd form this army of love and truth to fight them. If not, humanity is doomed. We have no choice. We'll go back to the same cycle again of restarting humanity and going through the same process. This is human beings for you.

[1:43:24] C

We don't realize that we're the greatest of God's creations, and our purpose on the planet is to protect all his creation. Even an ape knows that it needs to form a caring, sharing, collaborative community to survive. And we can't seem to figure that one out. So I think free will is not as free as it is. There are people out there that are more free wills than most, the finances that give them that will and that freedom to express it.

[1:43:55] C

Until we figure that out, we're not going to get anywhere. You see, from a medical perspective, I've never met two people the same in my life. All are different, but God knows how to make sheep. And he gladly could have made sheep, but he didn't. So he's taken the time to make each one of us different, but we spend our lives trying to be the same. There's no way to fit. I don't know why we keep trying to fit. We're unique.

[1:44:23] C

My son asked me this, and I said, you know, until humanity figures this out, we've got a problem. Can you take an elephant, a balloon, a motorbike, aeroplane, a washing machine, and see which one's better? They all serve different purposes, but that's what we're doing as humanity. And now we got an elephant spending his life trying to be a balloon. That ain't going to work. He'll never find peace, he'll never find happiness, and he'll never find his purpose because he keeps looking at the balloon, thinking that this was him.

[1:44:49] C

So the power that we given as human beings through our spirituality comes from looking inwardly. So as long as they keep us involved in what's happening outwardly, we never find our power. And all these machines that we have social media, news, all the machines invented over the past 70 or 80 years are there to attract your attention to the outside. They are there to distract you from looking inside, because they know if you look inside, we'd have unity, we'd understand our brotherhood, and we'd take over the world out of love and care.

[1:45:28] C

That's our purpose. And I'm so happy because I felt like I'm standing on the opposite end of the hall trying to tell people that you are being misled. But everyone was focusing on these machines at the other side. So I'm so happy that Elon Musk bought one of those machines and now he can bring it over onto my side, and we attract everyone onto this side of the hall and tell him the truth. It's a huge thing going on, and I must say I feel blessed to have been able to touch so many people in my journey through.

[1:46:06] C

And as much as it is a great moment in history that might lead to the extinction of humanity as we know it, I'm privileged to be born in this time. And I think we spend our lives looking for miracles constantly. I wish I won the lotto tomorrow. But we don't realize for now the miracle already happened. It happened the day we were born. And we walking, talking, living miracles, and we don't see it. We have taken our lives for granted.

[1:46:43] C

It's only when you meet your maker that you realize, oh, jeez, I'm not ready yet. You didn't do the best with it. And I think that's until humanity sees that and realizes we're all the same. And when I say all the same, I'm not talking about creed or color. I'm talking about every single one of God's creations. We're not more special. The only thing that makes us special is the ability to protect all of them.

[1:47:08] C

None of them have that ability. And that's what we should do. As the son of the father, that would be expected of you.



[1:47:18] A

You give me goosebumps listening to that. It's what we're all about. And it reinvigorates my own hope, my own courage, my own belief that as one of our needs as human beings, that of association and belong to know that there are others who share this beauty, that we are not somehow mad in the things that we hope for and that we believe in. We're not mad. We are made to believe, to be mad in that we are somehow control.

[1:48:06] A

Virtual. What is the virtual? It's something illusionary. It's not real. This is real. And as you were speaking, Shankara, again, as I usually say to my daughter, that we can so easily be misled by what authorities want to have as belief about people when they have this, that or the other credential. But here I say to my daughter again, if you're watching, my darling, here is proof to you that's a human being right there, he believes.

[1:48:56] A

He has compassion.

[1:48:59] C

Where we make this big mistake? We all know that God resides in every living thing around us, right? The cat, the dog, the rat, the grass, the trees, all has his spirit in it, right? But our eyes are able to see fat and thin and black and white and ugly and pretty. How come we don't see God yet? We go sit in church the whole of Sunday hoping to meet him. He's everywhere around us. Now, the only way to feel his presence is through acknowledging his constant presence.

[1:49:28] C

So when you look at a flower, remind yourself that's God when the dog wags his tail because he's excited to see you, that's God. And every person you speak to is an interaction with God. And so if you see that, then you'll start to recognize Him. Around you. And of course, we'll curb a bad emotion because I can't be angry with you if I see God in you. And so we'll stop shooting the messages in our lives and start listening to the messages he sends along.

[1:49:56] C

So this is where we fail as human beings. It's our ego that makes us think we're better than that, and we're actually not. Our ego tries to make us feel that we're in control. We're not. We'd like to be. We'd like every day to be the same, but no two days in your life we're ever the same. So we buy insurance and we try and secure our futures. But you don't know what's going to happen to you in the next ten minutes.

[1:50:27] C

Why do you even bother about tomorrow? That's beyond your comprehension. But you'll allow your thoughts of tomorrow to spoil today. And all the people that died last night had worries about today, but it was inconsequential.

[1:50:41] A

There's a reason why we call the now the present exactly use of words.

[1:50:47] C

So people don't see that. And if you look at truly what is in your control, the only things that you truly have in your control is the control over what you say, do, think, and feel. Everything else is beyond you. And the simple rule is in all you say, do, think, and feel. Make sure it's kind of useful and not harm anyone with it. Be contemplative of what comes out of you. That's how you control the vehicle God gave you.

[1:51:14] C

You don't choose your destiny and just ignore everything around you and try to get there. A lot of people have reached the destiny of their dreams and were disappointed when they arrived because it wasn't where they were meant to be. And the imprint of who or your journey is always in that boy. In your heart. God put a child in every one of us, and that makes you who you are. So it's about learning to live your life being unapologetically who you are as long as in your journey through, in all you say, do, think and feel,

do no harm. It's as simple as that.

[1:51:58] C

I know, Cornell, that with this case, with the council, I know that this is going to be, for lack of a better word, a shit fight. The they will try and find dirt discredit. It's part of this cancer culture, right?

[1:52:18] A

Yeah.

[1:52:18] C

So let's get that out of the way quickly. I was the naughtiest kid in my class. I used to be always up to mischief. So I've made many mistakes in my life, and it's grown me and taught me. And I'm not afraid to make mistakes. So if they find any mistakes I've made in the past, I've confessed already.

[1:52:40] A

Yes, because as I say, the other word of the user smooth sea has never made a skillful sailor. If you hadn't made any mistakes in your life, you hadn't learned anything.

[1:52:55] C

Exactly. And when I say I spent 15 years in tertiary education, I know full well how to have a punch. After all, that's what university is about.

[1:53:09] A

Dr. Jankara shitty. It's unexpectedly more than a pleasure to to have met you. It's thank you that the more I come to speak and meet people in the medical field who speak such obvious sense and can make it so easily understood, the more I discover more brothers of mine out there. I don't know if you were present in May last year, the Better Way conference when I went up? Yeah. Were you there?

[1:53:55] C

No, I didn't. I watched it afterwards.

[1:53:58] A

You watched it afterwards? Did you say mine when I went up? People always ask, So who are you? And I said, I'm your brother from another mother.

[1:54:07] C

We keep looking at people that way. It's something that I think humanity needs to change in medical science, a simple change. I asked the medical fraternity, why do you call things normal? Normal entails a group that's the same, and I've never seen a group the same. So why do you call things normal? Your normal blood pressure, your normal blood values. I said, you need to change that word to average, because there's no such thing.

[1:54:37] C

The average blood pressure is a very.

[1:54:40] A

Good point you make.

[1:54:42] C

And more importantly, Connell, if you refuse to define normal because it doesn't exist, then abnormal will cease to exist, too. And that's more important. What?

[1:54:56] B

They want us to be.

[1:55:02] A

So effectively asking us to become alienated from ourselves, you have to become alienated from yourself, and you have to apologize for who you are.

[1:55:13] C

So you can't ground yourself in your religion, you can't ground yourself in your country, you can't ground yourself in your sexuality. It will take away everything to ground yourself. And so that's how you lose human beings. You take away the roots, the things that they look back at. We are proud to be the sons of our fathers. We are proud to be part of a religion, part of a country. We are proud to have an identity, and we build on that identity.

[1:55:44] C

Take that away and you lost.

[1:55:49] B

Wow.

[1:55:51] A

Standardization. Dr. Jeancarashetti shouldn't say these things. He should say these like everybody else. And if you don't, then we're going to discipline you.

[1:56:12] C

Let me wake up South Africa a little bit. For a couple of months, South Africa and Russia have been engaged in military exercises on our east coast. Now, there's a reason Putin's here. He's aware that we're going to be the first country that's going to turn because we're the jewel in the ground. And so we imminently going to have complete blackouts. That's going to be the trigger for the reset. And that trigger, once it happens.

[1:56:46] C

Ramaphosa is in bed with the west, and he'll invite the UN to come and reestablish law and order. And so Putin's on this east coast of the country to protect the citizens of South Africa. He knows what's coming, and he's just pacing up and down outside the house saying, don't worry, I'm here. So I know there's an agenda. I'm waiting for it to play out on the east coast of South Africa, too.

[1:57:20] A

He might be coming for a cup of tea or a vodka. Let me know. I think I can tolerate a little bit of vodka. I'll come along.

[1:57:34] C

Yeah, we deal with at a very difficult time. But, yeah, it's the strangest thing. My name is Shankara. Shankara is the name of a Hindu deity. He's considered to be the creator and destroyer of the universe. And it's considered that he sits atop Mount Kailash at the foot of the Himalayas, the only mountain range in the Himalayas that's considered radioactive. He's considered to sit on top that mountain range and is in silent meditation.

[1:58:07] C

And if you wake him up, he'll destroy the world. This is the most religious mountain range in the world. Now, my name being Shankara, I discovered spike roti. I found it. The fable behind Lord Shankara is that during humanity's darkest hour, when evil forces were going to poison the globe, he drank the poison and saved humanity. And by drinking the poison, it turned his body blue. So people keep looking at me and saying, this is a journey. You were chosen for your name.

[1:58:44] C

When you look at that journey to save the world. He started in a country where three C's met in Southeast Asia, and he journeyed north to Mount Kailash. The first country in the world to invite me to train doctors was Mega. That was Malaysia, the country where three C's meet. The second country in the world to call

me to train their doctors was the government of Malaysia, Megalaya chief medical officer. They contacted me with the health minister, and he wanted me to train their doctors.

[1:59:20] C

So I set up a zoom and I trained those doctors. And then I was wondering, where the hell is Megalaya? I don't know this place. And when I investigated it, it is the most rural, rustic place where they live with nature and respect nature, different cultures living together. It's in the north of India, near Tibet, with a range of different cultures living there. And then one day my wife came to me, white faced, and she said, you know, there's a mountain range at the top northern border of Megalea, and it's called Mount Kailash.

[1:59:49] C

And she told me the significance, and she said, why would they be the second place in the world to invite you when the religious significance is that Shankara is atop that mountain range in silent meditation?

[2:00:01] B

So it's been a journey where a.

[2:00:03] C

Lot of things have happened in my journey through that don't make sense. But I know that there is a journey. And as long as I don't judge it, as long as I don't let my ego or my arrogance become part of this and I allow myself to be led, rather than try to lead, reach my destiny. And so every day is about doing what's in front of me, doing what's expected of me. And when what I expect to manifest doesn't, then I know it's for a reason and I accept it.

[2:00:44] C

So I know that in a way I am quietly being protected by the vibrations around me and what the universe wants from me and I just have to keep doing that strange thing. Beautiful. I just have to keep doing that.

[2:01:02] A

That I'm probably going to make a little real about. Well Shankara, when I say a final message, a final message at this interview that we have to not just people in South Africa watching, I also have people here in the UK also and then consider people in other countries that you know, who follow the work you do. At this point, given all the experience that you've had, the encounters and this looming disciplinary hearing, what message did you summarize or give to people at this stage? Whether it be to give them hope or for them to take note of?

[2:02:03] C

Connell I would say we are all born in God's image and have his power if we know how to tap into it. And our purpose on the planet was to form a caring, sharing, cooperative society out of love. And our aim, each one of us purpose was to protect every one of his creations. And because we haven't done that, we face a crisis. And as well we were born free, every single one of us. And so freedom is not something to attain, freedom is something to protect.

[2:02:42] C

So we've been misled for centuries, we've been misled and we are now at a point where we have the opportunity to change it, to change it for the better. We are entering the darkest hours of humanity by many religions converging on that point. Fortunately, there's always sunlight and so the hope is in the sunlight that will follow. And so I think humanity needs to come together to build anew. That's where the hope lies.

[2:03:14] C

I think it's important to recognize when we've made mistakes and take ownership of it and change it. And of course the regulatory authorities assume that we will pander to their power but their power can simply be derailed by not acknowledging it. I choose who will have power over me and that's the reason I've been considered, let's say not a conspiracy theorist, but I've always been considered trouble, rebel, rouser.

[2:03:50] C

I've always been that way. So I think it's vitally important for people to understand that this is a time in history for us to come together. Remember, you don't know whether an orange is sweet or sour by looking at it. You got to squeeze it and get some juice out of it. Now that applies to your friends also. You never know whether they are true friends until they have to face some kind of pressure.

[2:04:13] C

And under pressure, we see the essence of who we are. And so what's happening now is God putting a great squeeze on us, health wise, financially, economically. Be careful what leaks out of you if you plan to make it to the Ark. Irrespective of how hard he squeezes, make sure it's love and compassion that trip out of you. And I think that's my message to the world.

[2:04:45] A

I cannot add anything to that. I really thank you for such a comprehensive statement, born out of what I sense is a genuine love for your neighbor. And probably to me, it would almost inform as to why going into medicine or health care do no harm. You ooze that. And I would every single one of the listeners please share this information. There is lots of information out there, publications that Dr.

[2:05:42] A

Shetty has put out. For those of you who have the appetite to read such voluminous information, I know some of you have said that that is what you like to see. Dr. Shetty, is there a website where people could go and find out some information about you?

[2:05:59] C

Yes, I just wanted to bring that. It's the first time I mentioned it in three years. I've been trying to find a home on the web. I'm not very computer literate, but I think what's transpired with the council and where we at this year was going to be a year of awakening. I know that a very formative year for humanity. And so my website has just started up and running. I'm hoping to publish all the work in a timeline, because I think the timeline of my journey brings understanding more than just categorizing what I've done.

[2:06:30] C

Also on the website, we planning an educational platform where we can offer doctor training and insights into health from a natural science perspective. I'm also starting a platform where I wanted for me to be able to consult globally, where people could book appointments, but there are other doctors that have shown an interest. So we're hoping to form a global healers network with other doctors around the world, and by consulting on a single platform where our clinical knowledge gets shared.

[2:07:04] C

You see, when I perform a miracle on you, it gets filed away in your file, in my desk, and nobody gets to see it. And that's how doctors have lost their voice. So by starting this kind of platform and collating doctors clinical experiences, we can give doctors a voice. And so that's our aim with starting this consultation platform, that we can collect doctors clinical data and look at trends in the way we see things, and that gives doctors a voice for the future.

[2:07:34] A

That is brilliant.

[2:07:37] C

It's up and running. Dr. Shankarachetti.com drunkarachetti.com. We're still populating it, so please bear with us. And, yeah, like myself, nothing's perfect. We'll get there.

[2:07:53] A

Brilliant. And are you happy for me to put the website link at. The top of this video.

[2:07:59] C

Not at all. Not at all. You can do that. It would be nice to have people there. I think it's important that people that want to be enlightened have some way to be enlightened.

[2:08:08] A

Yes. Well, thank you so much, Shankara. An absolute pleasure to have met you. And I'll put that out and hopefully in the near future, we can get talking again. Most definitely after the group of people who so much want to talk to you that they call themselves the regulators after you've spoken to them.

[2:08:39] C

I'm not direizing it and stopping my life for that. That's just a healthy reflection and all. I look at it as an opportunity to enlighten further.

[2:08:47] A

Yes, we want to generate awareness, a lot of awareness about that. And I think perhaps also nearer the time, the more information we can get about where the hearing takes place and how it takes place, so that we can get as many people, whether it is online, to go and watch, but even to turn up if it is alive hearing. Besides, there's no reason for them not to gather in the same places anymore.

[2:09:14] C

I must tell you, I'm looking forward to a big party we're going to have when we win this war.

[2:09:22] B

Yes, that's the spirit.

[2:09:26] C

Arms around the world at a fortified will eventually meet.

[2:09:32] A

That is the spirit. That is the spirit. I'm going to end the live, but please stay there for a moment. Everyone who's watched this, thank you for watching. Please share this as far and wide as you can. Dr Shankara Chetty, medical practitioner down there in South Africa, will pop the link up there for you where you can find some more information, and particularly a bit more information about how this whole pandemic would have been stopped and perhaps had been stopped a long time ago.

[2:10:15] A

Goodbye.

END OF TRANSCRIPT

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